

For Office Use Only: Lic. No. _____ Date _____ Lic. Fee _____ FP Year _____ FP Fee _____ <input type="checkbox"/> Cash <input type="checkbox"/> Ck. No. _____ Expiration Date 12-31-_____ <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Additional Track _____ Clerk _____	<h2 style="margin: 0;">OCCUPATION LICENSE APPLICATION</h2> <hr style="border: 0.5px dashed black;"/> <p style="margin: 5px 0;">Kansas Racing and Gaming Commission 700 SW Harrison, Suite 420 Topeka, KS 66603-3754 Phone: (785) 296-5800 Fax: (785) 296-0900</p>	For Office Use Only: Rulings on File? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Check _____ Clerk _____ Kennel No. _____ COMMISSION REVIEW/DATE: _____
--	--	--

PLEASE PRINT IN INK OR TYPE. ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.
 SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.
 PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.

1a. SSN	1b. Type of License	<input type="checkbox"/> ONE YEAR <input type="checkbox"/> THREE YEAR <input type="checkbox"/> FAIR
-------------------	-------------------------------	--

Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Disclosure of your SSN is voluntary. If you disclose your SSN, it will be used by licensing, law enforcement personnel, the director of taxation, and the North American Parimutuel Regulators Association. Your SSN will be used to determine eligibility for licensure and detect violations of law or racing regulations.

2. Legal Name					
(Last)		(First)		(Maiden)	
3. Nickname, Alias, or Other Names Used		4a. Date of Birth		4b. Place of Birth	
		4c. Age		4d. Sex	
3. Nickname, Alias, or Other Names Used		4e. Weight		4f. Height	
		4g. Hair		4h. Eyes	
5a. Permanent mailing address at which service of papers may be made					
(Street Address)		(City)		(State) (Zip)	
5b. Current or local address, if different					
(Street Address)		(City)		(State) (Zip)	
6a. Home Phone No.		6b. Business Phone No.		6c. Cell Phone No.	
				6d. Fax No.	

7. ☐ YES ☐ NO Are you a U.S. Citizen? If **NO**, provide: (1) Alien Registration No. _____ and (2) a copy of documentation of eligibility to be employed in the United States.

8. IMPORTANT: IN ANSWERING THE FOLLOWING, YOU MUST CONSIDER ALL RECORDS INCLUDING EXPUNGED RECORDS.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you committed two or more acts of violence within the past two years, as established by any court? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been convicted of a felony? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been adjudicated as a juvenile of an act that would be a felony if committed by an adult? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been convicted of a violation of any gambling laws? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been adjudicated as a juvenile of an act that would be a violation of any gambling law if committed by an adult? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been convicted of a violation of any controlled substance law? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult? |

If **YES** to any of these questions, provide the following information:

Date of Order	County	State	Nature of Crime/Offense	Disposition

9. ☐ YES ☐ NO Have you been licensed by any racing jurisdiction, including Kansas? If **YES**, list the four most recent licenses:

State/Jurisdiction	Year	License Occupation	State/Jurisdiction	Year	License Occupation

10. ☐ YES ☐ NO Have you ever (1) been excluded, expelled, or denied privileges at a racetrack; (2) been ruled off any racetrack; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of \$500 or more; (6) had your license revoked? If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

11. ☐ YES ☐ NO Do you own racing animals which you intend to race at Kansas parimutuel racetrack(s) during the current year?
I own ☐ greyhounds ☐ horses which I will race in Kansas.
Kansas parimutuel racetrack(s) where you intend to race _____
Kennel/Stable name you will use at Kansas parimutuel racetracks _____
Name of your trainer at Kansas parimutuel racetracks _____
List the names of all persons & entities with whom you own horses or greyhounds that will be racing at Kansas tracks: _____

NOTE: Kansas requires annual registration of stable names, kennel names, and other entities owning horses or greyhounds before the animals may compete in any race meeting, pursuant to K.S.A. 74-8812. Registration forms available from KRGC office.

12. ☐ YES ☐ NO Will you train ☐ greyhounds ☐ horses at Kansas parimutuel racetracks?
Name of Kansas parimutuel racetracks where you will work as a trainer: _____
Kennel/Stable name, if any, you will train for at Kansas parimutuel racetracks: _____

13. ☐ YES ☐ NO Do you have any employees working at Kansas racetracks? List the names of your employees below:

Name	Job

Name	Job

(NOTE: Each applicant for an occupation license acting as an employer required to carry workers compensation insurance, pursuant to the workers compensation act of the state of Kansas, K.S.A. 44-501, et seq., shall submit proof of this insurance to the commission within 10 working days of the applicant's filing an application for an occupation license.)

14. ☐ YES ☐ NO Are you employed by anyone while working at the racetrack? Print name of employer: _____
Employer must sign your application in space provided below:

Employer Signature

License Number

Date Signed

IMPORTANT - READ AND SIGN - By accepting an occupation license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Kansas parimutuel racing act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof; I consent to allow agents of the Kansas bureau of investigation or security personnel of the commission to search without warrant my person, personal property, and work premises while within the racetrack facility or adjacent facilities pursuant to K.S.A. 74-8816(d), and amendments thereto; while within the racetrack facility or adjacent facilities, I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance as provided in K.A.R. 112-11-13a, as authorized by K.S.A. 74-8804(m), and amendments thereto; I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my occupation license in accordance with the provisions of K.S.A. 74-8816(h), and amendments thereto; I understand that this application is subject to the open records act of Kansas; I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

All occupation licenses conditioned upon satisfactory background investigation.

Signature of Applicant

Date

State of _____ County of _____

Sworn to before me this _____ day of _____, _____, by _____

(SEAL)

My Commission Expires: _____

Notary Public

KRGC Field Office
P.O. Box 12694
Kansas City, KS 66112
(913) 788-3621
Fax: (913) 788-3881

Kansas Racing and Gaming Commission
700 SW Harrison, Suite 420
Topeka, KS 66603-3754
(785) 296-5800
Fax: (785) 296-0900

KRGC Field Office
P.O. Box 425
Valley Center, KS 67147
(316) 755-2735
Fax: (316) 755-3294